



**FORM: Individual Investigator Agreement**

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This form is to be completed at when a new external study team member is added. Upload a copy (electronic signatures are accepted) signed by the Individual Investigator. The IRB will obtain the UCF FWA Official signature.

**1. Study Information**

Title of Study Covered by this Agreement:	
Principal Investigator (UCF):	
Individual Investigator (Non-UCF):	

**2. Acknowledgments**

<input type="checkbox"/> Yes	The above-named Individual Investigator has reviewed: 1) The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research [or other internationally recognized equivalent; see section B.1. of the Terms of the Federalwide Assurance (FWA) for International (Non-U.S.) Institutions]; 2) the U.S. Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 CFR part 46 [or other procedural standards; see section B.3. of the Terms of the FWA for International (Non-U.S.) Institutions]; 3) the FWA and applicable Terms of the FWA for the institution referenced above; and 4) the relevant institutional policies and procedures for the protection of human subjects.
<input type="checkbox"/> Yes	The Investigator understands and hereby accepts the responsibility to comply with the standards and requirements stipulated in the above documents and to protect the rights and welfare of human subjects involved in research conducted under this Agreement.
<input type="checkbox"/> Yes	The Investigator will comply with all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this agreement.
<input type="checkbox"/> Yes	The Investigator will abide by all determinations of the University of Central Florida Institutional Review Board (UCF IRB) designated under the UCF FWA and will accept the final authority and decisions of the UCF IRB, including but not limited to directives to terminate participation in designated research activities.
<input type="checkbox"/> Yes	The Investigator will complete any educational training required by the UCF IRB prior to initiating research covered under this Agreement.
<input type="checkbox"/> Yes	The Investigator will report promptly to the UCF IRB any proposed changes in the research conducted under this Agreement. The investigator will not initiate changes in the research without prior UCF IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects.
<input type="checkbox"/> Yes	The Investigator will report immediately to the UCF IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement.
<input type="checkbox"/> Yes	The Investigator will not enroll subjects in research under this Agreement prior to its review and approval by the UCF IRB.
<input type="checkbox"/> Yes	The Investigator acknowledges and agrees to cooperate in the UCF IRB's responsibility for initial and continuing review, record keeping, reporting, and certification for the research referenced above. The Investigator will provide all information requested by the IRB in a timely fashion



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<input type="checkbox"/> Yes	The Investigator, when responsible for enrolling subjects, will obtain, document, and maintain records of informed consent for each such subject or each subject's legally authorized representative as required under HHS regulations at 45 CFR part 46 and stipulated by the UCF IRB.
<input type="checkbox"/> Yes	Emergency medical care may be delivered without UCF IRB review and approval to the extent permitted under applicable federal regulations and state law, but the Investigator shall notify the UCF IRB within 5 working days of the administration of such care.
<input type="checkbox"/> Yes	The Investigator acknowledges that he/she is primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

This Agreement does not preclude the Investigator from taking part in research not covered by this Agreement.

**3. Individual Investigator Certification**

By entering your signature below, you certify that the information you have provided is complete and accurate.

<b>Individual Investigator Signature</b>	<b>Date</b>

<b>Degrees</b>	<b>Institutional Title</b>

**Individual Investigator Institution/Business and Contact Information**

**4. UCF FWA Official (or Designee) Signature**

<b>Name</b>	<b>Institutional Title</b>
Debra Reinhart, Ph.D	Associate Vice President for Research & Scholarship

<b>Signature</b>	<b>Date</b>

**Contact Information**

UCF Office of Research, 12201 Research Parkway, Suite 501  
Orlando, FL 32826  
407-823-2901